

**IDAHO STATE BOARD OF COSMETOLOGY**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 MAIN STREET, SUITE 220**  
**BOISE, IDAHO 83702-5642**  
[cos@ibol.state.id.us](mailto:cos@ibol.state.id.us)

**APPLICATION FOR STUDENT DEMONSTRATOR PERMIT**

Name of Sponsoring Entity(s) \_\_\_\_\_

Name of Event \_\_\_\_\_

Address of Event \_\_\_\_\_  
street city state zip

to be held from \_\_\_\_\_ to \_\_\_\_\_, inclusive.  
beginning time & date ending time & date

Sponsor's Phone # \_\_\_\_\_ Sponsor's SS # or E.I.N # \_\_\_\_\_

Sponsor's E-mail address \_\_\_\_\_

**Application must be received at least seven (7) days prior to the time and date of the demonstration or instruction.**  
**All permits issued as a result of this application shall expire on the ending date noted above.**

I hereby make application for Student Demonstrator Permits for the following persons:

Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____

Name of Cosmetology School in which above students are enrolled:

\_\_\_\_\_

**The permit fee of \$10.00 must be attached.**

**AFFIDAVIT**

I hereby certify that those named above are currently enrolled as students and are engaged in a program of instruction in cosmetology and shall be under the supervision of a licensed instructor at all times;

I further certify that I have read and agree to abide by the Idaho Laws & Rules governing the practice of cosmetology;

I further certify that prior to any demonstration or instruction at the event noted, I will inform each of the students named above of the sanitary rules for shops and schools;

I further certify that all services provided at the event noted above will be for educational or demonstration purposes only;

I further certify that during the event noted the required facilities and products necessary to properly clean and sanitize instruments will be available to the students named above; Said facilities and products shall include access to hot and cold running water and restroom facilities, and board approved hospital grade sanitation products which are evident and in use;

I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Print school owner or agent name

\_\_\_\_\_  
Signature of school owner or school's authorized agent

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_